

#8/A
10-25-03
B. Hilliard

Application Number : 09/930,800
Applicant : Gordon James Yorke
Filed : August 15, 2001
TC/A.U. : 2171
Examiner : Leroux, Etienne Pierre

Confirmation Number: 3560

Docket Number : OR02-13201
Customer No. : 22,835

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

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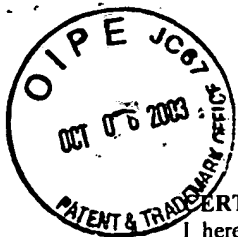
AMENDMENT

Sir

In response to the office action of **August 25, 2003**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



2171

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on October 6, 2003

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PATENT APPLICATION
Attorney Docket No. OR02-13201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)

Gordon James Yorke)

Serial No. 09/930,800)

Filing Date: August 15, 2001)

Title: SYSTEM AND METHOD FOR MANAGING)
BI-DIRECTIONAL RELATIONSHIPS)
BETWEEN OBJECTS)

) Examiner: Leroux, Etienne Pierre

) Group Art Unit: 2171

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed **August 25, 2003**.
- ☐ A petition for extension of time is also enclosed with a fee of **\$55.00** for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [] A check in the amount of \$___ is enclosed.
[] Charge \$___ to Deposit Account No. ___ (Docket No. ___).
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR02-13201).

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Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: October 6, 2003